

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	X-RAY ANODE WITH INCREASED COVERAGE																						
Application Number :																							
Date :																							
First Named Applicant:	Sherman Chih-Yee Jen																						
Attorney Docket Number:	GEMS 0206 PA																						
TOTAL FEE AUTHORIZED \$ 846																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as large entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>					Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770										
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	1001	770	770																				
Subtotal For Basic Filing Fees: \$ 770																							
EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 22</td><td>2</td><td>1202</td><td>18</td><td>36</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 36</td></tr></tbody></table>					Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 22	2	1202	18	36	Independent Claims : 3	0	1201	86	0	Subtotal For Extra Claims Fees: \$ 36			
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 22	2	1202	18	36																			
Independent Claims : 3	0	1201	86	0																			
Subtotal For Extra Claims Fees: \$ 36																							
ASSIGNMENT FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="4">Subtotal For Additional Fees: \$40</td></tr></tbody></table>					Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40	Subtotal For Additional Fees: \$40						
Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$																		
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40																		
Subtotal For Additional Fees: \$40																							
AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Deposit account number:	070845																						
Access Code	*****																						
Deposit name:	GE Medical Systems																						
Deposit authorized name:	Angela M. Brunetti																						
Signature:	Angela M. Brunetti																						

Date (YYYYMMDD):

2003-10-03

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).